

GYMNASTICS REGISTRATION - (THROUGH MAY 21). You must notify our office before the monthly tuition is due if you wish to terminate your enrollment before May, 2018. 2nd and subsequent child(ren) receive a \$5 discount per student/month.

PARENT FIRST _____ LAST _____

CELL _____ MOM/DAD _____ HOME _____ WORK _____ MOM/DAD _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____ Text on Cell Y N

Note your child(ren)'s medical/behavior problems or fears which we should be aware of? _____

Due to insurance regulations, every person entering the main facility must read the following waiver and sign below as an acknowledgement that he/she understands the following agreement:

I acknowledge that by participating in the gym or pool activities and/or by moving around in the gym or pool, with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors I am responsible for, incur an injury. By waiving the option to sue, I also thereby release **KiDS body shop and Omega**, its agents and employees, from liability for such injury.

Parent/Guardian 's Signature

<p>Student 1:</p> <p>First _____ Last _____</p> <p>Birth Date _____ Age ____ Gender M/F _____</p> <p>Class Day & Time _____</p> <p>Circle Level KiDS: Fraction Twister Cyclone DN B&B</p> <p>Previous Student @ KiDS? <input type="checkbox"/> Yes <input type="checkbox"/> No Summer 2017 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Student 2:</p> <p>First _____ Last _____</p> <p>Birth Date _____ Age ____ Gender M/F _____</p> <p>Class Day & Time _____</p> <p>Circle Level KiDS: Fraction Twister Cyclone DN B&B</p> <p>Previous Student @ KiDS? <input type="checkbox"/> Yes <input type="checkbox"/> No Summer 2017 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Start Date: _____</p> <p>Class Fee(s) Due:</p> <p>Student 1 Fee \$ _____</p> <p>Student 2 Fee (Less \$5) \$ _____</p> <p>Total Class Fee \$ _____</p> <p>Annual Registration Fee: \$30/Student/Year:</p> <p>Student 1: \$ _____</p> <p>Student 2: \$ _____</p> <p>TOTAL AMOUNT DUE \$ _____</p> <p>Checks payable to KIDS (Credit/Debit Cards Not Yet Accepted) Mail to: 1217-19 North Monroe Papillion, NE 68046</p>
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OFFICE USE ONLY:

Date Rec'd: _____ Init.: _____ Mail/Person/Box _____ Code: _____ / _____ Roster WL SS